N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupant to the control of control WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

		1 PLACE OF DEATH	STATE OF MARYLAND
	Coun	w muster 19920	CERTIFICATE OF DEATH
			Registration Dist. No. 350
1	Villag	ge or City Whenhe life (No.	St.: Ward) [If death eccorred in
			a hospital or institution, give its NAME instead of street and number.
		2 FULL NAME Auan aya	ecott 2. Di street and nomber.
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SE:	ACC COLOR OR RACE SINGLE MARRIED MUNICIPAL WILDOWS OR DIVORCE OR D	18 DATE OF OEATH MISSISKY (Month) (Day) (Year)
2	6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
		men 7 1879	, 191, to, 191,
0	7 AG	(Mohth) (Day) (Year)	that I last saw h allve on
2		7 / 1 dayhrs.	and that death occurred on the date stated above, at / 50m. The CAUSE OF DEATH * was as follows:
2	8 00	yrs. ds. OR mln.?	Fun Short some of af World
20	(8	Trade, profession, or true toform	upper all of thest at
100	(b	General nature of lodustry of lodustry of longs, or establishment in	12 / 2 / 2
U	whi	ch employed (or employer)	(Ourellon) yrs. mos. ds.
	BI	RTHPLACE (State or country) Amenter Carrette /2	Secondary Secondary
00		10 NAME OF MARIE AND LE NOLATIS	(Signad) (Cle Gae M. C.
CHILL	SI	11 BIRTHPLACE	Mr. 3 . 195 - (Address) Thrushe luy had
T POL	PARENT	OF FATHER (State or country) Mees the Co, was	*State the DISEASE CAUSINO DRATH, or, in deaths from VIOLENT CAURER, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
2	PA	OF MOTHER Chine Johnson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
S <0		13 BIRTHPLACE OF MOTHER (State or country) Recurrence la 74	At place In the of deeth yrs. mee. ds. State, yrs. mos. de.
2	14 TH	E ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at placs of death?
_		(Informant) Keya kig delotte	Former er usual residence
2		(Address) Preside lity his R.D.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
2	16	SAM "	Word iown Cembary 11/6 , 1918
	File	10 11 191 1 REGISTRAR	Je H Covingloy New Church
		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto. Requesting V. S. No. 1 Occomo ela VI

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At sehool or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Never return "Laborer," Locomotive engineer, If retired from The question without more

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICINAL, or HOMICINAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Aecidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronor miscarriage as "Puenperal septichaemia," railway train-accident; Revolver wound of The contributory (secondary or intercur-State cause for which Never report mere



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שאומאום אסב משא אשמשע אומא אשו	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	of information should be carefully supplied. AGE should be stated EXACTL DEATH in plain terms, so that it may be properly classified. Exact statem
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OCCUPATION

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RECORD

PLACE OF DEATH Wor cipler.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

....Ward)

(It death occurred in a hospital or institution,

give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE MARRIED, mastrill WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Month) (Year) It LESS than 7 AGE and that death occurred on the date stated above, at 430 a.m. 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. (Secondary) ⁹ BIRTHPLACE (State or country) 10 NAME OF (Signed) FATHER ARENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF MOTHER (State or country) At place in the State yrs, mos, Where was disease contracted. If not at place of death? usuai residence. DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations it should be used only when needed. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman."

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia; Bronchopneumonia deumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned sucb, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Tuerpenal peritonitis," etc. State cause for cblidbirth or miscarriage, as "Purrement septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Traemla," "Weakness," "Hart failure," "Haemorrhage," "Inanition." "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 affection need not be stated unless important. oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitlal nephritis nant neoplasms) : Measles; Whooping cough; Chronic ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC: 4 1915 BUREAU, V.S. BINDING

FOR

RESERVED

V. S. No. 1.

PLACE OF DEATH 19927	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 350
Village or City Vocacufe Lety (No. , Proposition of Parties Parties of Parties Parties of Parties o	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX. 4 COLOR OR RACE 5 SINGLE, MARRIEO, WILLOWED OR OLVORED (Write the word) walled (Write the word) (Year)	16 DATE OF OEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 to 19
(Month) (Day) (Year) 7 AGE ACTUAL IT LESS than 1 dayhrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Vulusuary Lutheculus
10 NAME OF FATHER Just A futtor 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 10 NAME OF Justice of Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or eountry) Unhum	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(Informant) Clims Danierill	If not at place of death? Former or usual residence
(Address) French Ruy	ME Seculary ADDRESS
Filed , 191 REGISTRAR	Hevenson Poros Preamoste
If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Criscis, and American Public Health Association.]

who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, c. g., Farmer or Planter, Physiis provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever various pursuits can be known. The question Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American-Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Puerperal population of the cause for which ete., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "He emorrhage," "Inantition," "Marasmus," "Old Age," "Shoek," "Urannia," "Weakness," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease eansing death), 29 ds.; Bron-"Tumor" for mulignant neoplasms); Meastes; Whooping (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc.; Curcinoma, Sorcoma, etc., of.... head-homicide; Struck by railway train-accident; Revolver wound of "Anaemia" chopneumonia rent) affection need not be stated unless nephritis, etc. cough; Chronic vulvular heart disease; Chronic interstitial Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, (merely symptomatic), (secondary), 10 ds. The contributory (secondary or intercur-Poisoned by carbolic ly symptomatic), "Atrophy," "Col-"Convulsions," "Debility" ("Con-Never acid—probably ACCIDENTAL, report mere important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC -6 1915 BUREAU, V.S.

V. S. No. 1.

N.B.

.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Peace (No. 2 FULL NAME	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Month) (Day) (Your)	that I last saw handlive on 2007.
TAGE If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Ouration) yrs / mos di
OF FATHER Word D. Britlingham 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER May 14 A Jerre	(Signed)
OF MOTHER May S. S-Ferre, 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) TWOUGH S. Brillingham	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. d Where was disease contracted, if not all places of death? Former or usual residence
(Address) Tresurs Registran	19 PLACE OF BURIAL OR REMOVAL Bablish Caustary P. C. J. J. D. 1913. 20 UNDERTAKER ADDRESS Processor



[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day Jahorer, Farm Jahorer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) (rocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Former or Planter, Physiis provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eercbrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

Example: Measles (disease-causing death), 23 ds.; Bron-chapmamonia (secondary), 10 ds. Never report more lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Consymptoms or terminal conditions, such as "Asthenia," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Acedental drewning; birth or miscarriage as "Puenperal septichumia," "Puenperal peritonitis," etc. State cause for which nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meast's, Whooping on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicidc; Poisoned by state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the rent) affection need not be stated unless-important. (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from ehild-The contributory (secondary or intercurcarbolic acid-probably



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USE OF	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIO	in terms, se	b that it	may be	properly	classified	d. Exac	statemen	of OCCUPA	TIO
portant.	portant. See instructions on back of certificate.	s on back of	f certifica	te.						

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PINO N

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 [If death occurred in St .:Ward) a hospital or lostitution. give its NAME instead of afreet and comber. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, SEX 4 COLOR OR RACE Mario MARRIED, WIDOWED, (Month) Write the word) HEREBY CERTIFY. That I sttanded deceased from B DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than 1 dayhrs. OR min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs mos. Where was disease contracted. if not at place of death? usual residence DATE OF BURIAL CA REGISTRAR

If more blanks are needed, address State Begis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative leaithfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unquatified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral septichae. cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the thonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never repor ample: Measics (disease causing affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis "Contributory." The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 ds.: State cause for Examples:

If this certificate is tooked over thoroughly, and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU, V.S.

Coun	medi	CERTIFICAT Registrati
Villag	e or City Monualse Cety (No.	St; War
	2 FULL NAME MAZZELAL Cola	ra Carey
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC
3 SE	ande Mult Single, Married, Mun 31	16 DATE OF DEATH // WILL
6 DA	E OF BIRTH Mireby (7 1889	Cotton 9 195 To
7 AG	65 12 1 day, hrs.	and that death occurred on the co
(a	CUPATION Trade, profession, or fursekeeping Cular kind of work	Guseral Di
bus	General nature of Industry ness, or establishment in h employed (or employer)	ata: 1
	State or country) Fredhick lo, Will 10 NAME OF	Secondary Secondary
S S	11 BIRTHPLACE	(Signed) (Colors) (Address)
ARENT	OF FATHER (State or country) Tresquich W, her	*State the DISEASE CAUSING DE CAUSES, state (1) MEANS OF INJURY SUICINAL OF HOMICIDAL.
ď	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOS OR RECENT RESIDENTS) At placs of deathyrsmes,ds,
ľ	e ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of daeth? Formor or usual residence
	1 : 1 : 1 : 1 : 1	19 PLACE OF BURIAL OR REMOVAL
15	(Address) fremules ett the	Thesby tran Carrela

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration	Dist.	No. 350
د.; خ	Ward)		[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
10	CERTIFICAT	E OF	DEATH

attended deceased from e stated above, at Z.S.A.m. ollows:

and (2) whether ACCIDENTAL,

ALB, INSTITUTIONS, TRANSIENTS, n ths

State,yre.mos.ds.

DATE OF BURIAL

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupaof various pursuits can be known. The question None. For persons who have no occupation whatever The material worked on may form part If retired from without more (b) Auto-

Statement of Lause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, cough; Chronic valvular heart disease; Chronic interstilial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning; by The nature of the injury, as fracture of skull railway train-accident; Revolver State cause for which Never report mere (Recommendations "Exhaustion, punon



•	RECORD	PHYSICIANS of CCCUPA
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupant important. See instructions on back of certificate.
וֹ ר	I UNFA	so that it
)	WRITE PLAINLY, WITH	-Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be p important. See instructions on back of certificate.
V. S. No. 1.		N. B.—Ever CAU

Village or City Mrost Snorothice and (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 35/ St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Sincle, Mugle Widower, Ophyoners (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH Let. 3, 19/4. (Month) (Day (Year)	1915, to 20 1915, that I last saw have allve on 2005
TAGE If LESS than 1 day,hrs. yrsmos	and that death occurred on the date stated above, at 6 .m. The CAUSE OF DEATH* was as follows: White Dieght Desease
business, or establishment in which employed (or employer). 9 BIRTHPLACE (State or country) Worressler, Connel	Gontributory Seeondary (Duration) yrs mos. ds.
10 NAME OF FATHER Pristing Collies 11 BIRTHPLACE OF FATHER (State or country) Ivonerster Cond 12 Manual NAME OF Collies 12 MANUAL NAME OF COLLIES 14 DE MOTHER OF COLLIES 15 DE MOTHER OF COLLIES 16 DE MOTHER OF COLLIES 17 DE MOTHER OF COLLIES 18 DE MOTHER OF COLLIES 19 DE MOTHER OF COLLIES 19 DE MOTHER OF COLLIES 10 DE MOTHER OF COLLIES 10 DE MOTHER OF COLLIES 10 DE MOTHER OF COLLIES 11 DE MOTHER OF COLLIES 12 DE MOTHER OF COLLIES 13 DE MOTHER OF COLLIES 14 DE MOTHER OF COLLIES 15 DE MOTHER OF COLLIES 16 DE MOTHER OF COLLIES 17 DE MOTHER OF COLLIES 18 DE MOTHER OF COLLI	(Signed) (Signed) , M. D. Not 1) , 19th (Address) Aleks M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Clifica daylor 13 BIRTHPLACE OF MOTHER (State or eountry) Workcuster Bound 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrs,mosds Where was disease contracted, If not at place of death?
(Informant) (Address) Gistleters Ond 16. Filed 1/18, 1915 LERey Swith Registran	19 PLACE OF BURIAL OR REMOVAL Coolstone Custery 20 UNDERTAKER ADDRESS ADDRESS

William & Frelleum provo ful ned If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as Servant, Cook, Housenhild, etc. If the occupation has gainfully employed, as At school or At home. "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuksis of lungs, meninges, peritonaeum, etc., Carcin-

greepsis, tetanus) may be stated under the head of ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronie oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Aeeidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-"Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for For vio-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PHYSICIANS RECORD PERMANENT properi UNFADING PLAINLY _ WRITE

SICIANS should certifical back Instructions DEATH See Jo. 10 mportant. CAUSE

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in St .: Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE if LESS than 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 Zuennoura 8 OCCUPATION (a) Trade, profession, or particular kind of work. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country State yrs, yrs. Where was disease contracted. If not at place of death? Former or

DATE OF BURIAL

20 LADERTAKER

usual residence

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Consus and American Public Health Association.]

applies to each and every person, irrespective of ageness of various pursults can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a slugle word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes uffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or mlscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart fallure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; (name origin; "Can-State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

County Norcesler 19933	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Berlin (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal Marked, Marked, Marked, Marked, Moowed, ORDIVORCED (Write the word)	16 DATE OF DEATH Not 30, 1915. (Month) (Day (Year)
S DATE OF BIRTH Write the word) (Month) (Day (Year)	17 HEREBY CERTIFY. That I attended deceased from 1913 to Nov 30 , 1913 that I last saw here alive on Nov 30 , 1914
7 AGE (Storter) (Pay (1ear) (1 tess than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 3 m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country) Maryland	Gontributory Secondary (Duration) yrs mes ds
11 BIRTHPLACE OF FATHER OF FATHER WILLIAM DOON- 11 BIRTHPLACE OF FATHER (State or country) Wassland	(Signed) Stall M. O. M. D. D. D. M. D. D. D. M. D.
OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Plarablemont 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Address). Berlin Md	Former or usual residence
Files Dee 2", 191 & WL/ Lociona REGISTRAR	20 UNDERTAKER ADDRESS MA

If more blanks are needed, address State Legistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write Nonc. been chauged or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as minic, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question (a) Spinner, Statement of occupation-Preeisc statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal nueningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of State cause for "Exhaustion," For vio-



S. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

County Rear Bovers

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 380

St.;....Ward)

N

[It death occurred in a hospital or institution, give its NAME instead of street and number.

FULL NAME Françaire a	une Slennes
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Glord Single, MARRIED, WIDOWED, ORDIVORCED Parall Wifte the word)	16 DATE OF DEATH (Month) (Month) (Day (Year) 17 A I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Oct 25, 157 (Month) (Day (Year)	that I last saw h alive on 20 26 15 , 1915
3 7 yrs mos 2 ds. 1 LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Seasal Asse hork	acile Reports
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds
10 NAME OF FATHER JOSE Brillingher	(Signed) (Address) Proposition M. D
OF FATHER (State or country) Worcester S. Ind. 12 MAIDEN NAME of MOTHER Descript Pallers.	*State the DISEASE CAUSING DEATH, or, in deaths from VAOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Worcester G. No	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (FOR MOSPITALS) (FOR MO
(Informant) S. P. D. M. (Informant)	If not at place of death? Former or usual residence.
(Address) Jacomak City M.S. 16 Filed ///36 191 1 Cofforg is	DATE OF BURIAL OR REMOVAL, DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL 20 UNBERTAKER APDRESS
REGISTRAR	Stevenson Bros Vacamole
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indithus: Women at home, who are cugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig sepsis, tetanus) may be stated under the head of mia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart fallure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



S 2		5 7		WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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Village or City Con Surviol bill W (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 357/ St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. OR min.? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from ,191, to ,191, and that death occurred on the date stated above, at
11 BIRTHPLACE OF FATHER (State or country) WTY Cessler Co grad 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) WTY CUSTOR Co grad 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) James & Richardson	(Signed)
(Address) Approx Hell Med 15 Filed /// 24, 1815 Relay Secution REGISTRAR If more blanks are needed, address State Registrar,	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Notation Concepting Land Land DATE OF BURIAL DATE OF BURIAL ADDRESS Anotoful 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Solesman, (b) Crocery; (a) Foremon, (b) Autoonly when needed. As examples: is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. cian, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-(a) Spinner, (b) Cotton But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. g., sepsis, tetonus) may be stated Struck by railway troin-occident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. State cause for which "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conunder the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic vulvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, Never report mere "Exhaustion," nound



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
C	ounty MTClalio 19936	CERTIFICATE OF DEATH
		Registration Dist. No. BS 0
	Taldantel, a	[If death occurred in
1 '	illage or City (No, No	St; Ward) a hospital or institution, give its NAME instead
	2 FULL NAME MILLIANT STORY	of street and number.]
1 =	X.	
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	MARRIED, WIDOWED WILLIAM	16 DATE OF DEATH / TON 5-10, 1915
1.7	Wite the word	(Month) (Day) (Year)
6	DATE OF BIRTH	Nov 156 , 1915, to MANUSTA , 1915,
	(Month) (Day) 19 (Year)	that I last saw h Malive on Any 5th 1918.
7	AGE If LESS than	and that death occurred on the date stated above, at G.Pm.
7	1 day,	The CAUSE OF DEATH # was as follows:
8	Commence / /	Staphretto
	(d) Trade, profession, or chypnus particular kind of work	
K	(b) General nature of industry	2
	business, or establishment in which employed (or employer)	(Duration) yrs. 2 mos. ds.
9	State or country) Philamanha	Secondary
-	1000 many	(Syration) yrs mos. (O ds.
	10 NAME OF Zhiodon Doughly	(Signed)
	11 BIRTHPLACE DORMALO O CONTO	Address / Cult
	State or country ACCO Wile Co Va	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) Means of Injury; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
	of MOTHER JUSTIN HANNING	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	(State or country) acts male to va	of death yrs mos ds. State, yrs mos ds. Whera was disease contrected,
1.	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
1	(Informant) INWILLOW DONELLY	Format or susai residence
	(Address) Paremua Celi Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1	5 (/ G / /)	Halls Hill 11/6, 191.1
	Filed ///6 , 1914 - CAHarpia	20 UNDERTAKER ADDRESS
	REGISTRAR	Charles It Balbaro bocons le
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

write None 6 yrs.). For persons who have no occupation whatever state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Scrvont, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business, that fact may be indicated thus: Former (relired Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer mobile fuctory. mill; (a) Salesman, (b) Grocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be suflicient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthfulis provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths ges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of on Nomenelature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic Struck by railway train-accident; Revolver wound of birth or miscarriage as "Puerperal sepacaema, "Puerperal perdondis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronic valeular heart disguse; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Anaemia" "Coma," (merely symptomatic), "Atrophy," "Col-oma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Puerperal septichaemia," Never report mere acid-probably ACCIDENTAL, merrodun



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SALANDING TOT DESCRIPTION OF THE PRINCIPLE OF THE PRINCIP	UNFADING
2	WITH
T N	WRITE PLAINLY,
•	WRITE

PLACE OF DEATH	STATE OF MARYLAND
County Warcrold 1995	CERTIFICATE OF DEATH Registration Dist, No. 357
Village or City Snow Hell (No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, MORNING WIDOWED, MORNING	16 DATE OF DEATH (Month) (Day (Year)
Male White (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
PATE OF BIRTH	, 191, to, 191
(Month) (Day (Year)	that I last saw halive on
AGE if LESS than	and that death occurred on the date stated above, atm
yrs / mos ds or min ?	The CAUSE OF DEATH * was as follows:
DCCUPATION	mongoician,
(a) Trade, profession, or	· Valachentall filled
particular kind of work. (b) General nature of industry.	in order accident Crushed
business, or establishment in	under overtures (Buration) yrs mos de
which employed (or employer)	Contributory
BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Duration) yrs mos ds
FATHER lashers to the	(Signed) M. C
11 BIRTHPLACE	Vor 16 1915 (Address) Snowstill my
OF FATHER (State or country) Grandand 12 MAIDEN NAME OF MOTHER WAS A STATE OF MOTHER WA	*State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Mary Eliz Vancock	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted
* I the day	If not at place of death?
(Informant)	usuai residence
(Address) Grow Hell God.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
11/16 5- LEP. SeviTh	20 UMDERTAKER ADDRESS
Filed 1915 Acad Steel	IN THE STATE OF TH
	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

dnties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state oecupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a defiuite salary), may be entered as material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when necded. As examples essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritongeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "l'uerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanttion," "Marasgeuital," "Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," For vio-



V. S. No. 1.

WITH INFADING INK_THIS IS A BERMANENT RECORD	N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.	N. B.—Every item of Information should be care should state CAUSE OF DEATH in plain OCCUPATION is very important. See in

Coun	Ossan	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villag	2 FULL NAME In named	St; Ward) a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jes.	A COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVDRCED OR DIVDRCED OR Write the word)	16 DATE OF DEATH (Month) 75 (Day) (Year)
6 DA	TE OF BIRTH State from 19/3- (Month) (Day) (Year) E It LESS than	that I last saw h alive on 191 and that death occurred on the date stated above, at
8 90	yrs, mos. ds. OR mln.?	The CAUSE OF DEATH * was as follows:
bus whi	General nature of lodustry iness, or establishment in ich empleyed (or employer) RTHPLACE (State or country) Mycrecola Ceruly	(Burstion) yrs. mos. do
RENTS	10 NAME OF FATHER Mathew Harris 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF	(Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accinental, Suicinal or Homicidal.
PAR	of MOTHER Naucy Shruell 13 BIRTHPLACE DF MOTHER (State or country) M M M M M M M M M M M M M	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At pisce in the sf dasth
	(Informant) Mithum Juris	Where was disease contracted, If not at place of death? Former or usual residence
15 File	(Address) Ocean Cry - In Cond of now 28, 1916 Jas W Munifeld REGISTRAR	Pitts George again Date of Burial Pitts George again Mor 29, 1915 20 UNDERTAKER ADDRESS Ancha Jorus Juntur Ocean City
	If more blanks are needed, address State Registrar.	16 W. Saratoga St. Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Hausekeepers precise specification as Day laborer, Form loborer, Laborer "Foreman," "Manager, mill; (a) Solesman, (b) Grocery; (a) Foreman, only when needed. As examples: (o) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons of the second statement. mobile factory. is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Women at home, who are engaged in " "Dealer," etc., without more Never return If retired from "Laborer," (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); fever (the only definite synonym is "Epidemic cerebrotime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE for the same disease. pncumonia, Bronchopneumonia ("Pneumonia, Examples: Cerebrospinal

> SUICIDAL, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephritis, ctc. The contributory (secondary or intercurcough; Chronic valvular hoort disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Example: Measles (disease causing death), 29 ds.; Bronor miscarriage Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, as "PUERPERAL septichuemio," State eause for which Never report mere (Recommendations wound of

ence. All the dam is essential and must be obtained before tions answered in detail, it will prevent further correspond-If the eertificate is looked over thoroughly and all ques-



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	RECORD	SSITE E
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIC should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem OCCUPATION is very important. See instructions on back of certificate.
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ale White Single, Married Whole Of BIRTH Jan. (Month) (Day) 4 COLOR OR RACE 5 SINGLE, MARRIEO, Married Willower D. Married (Wrote the word) 5 SINGLE, MARRIEO, Married (Willower D. Married (Will	18 OATE OF OEATH Star 19, 191 (Month) (Day) (Yes
prale White Wooden Married OR DIVORCED (Write the word) Jan. (Month) (Day) , 184	(Month) (Day) (Yes
Jan. 19th 184. (Month) (Day) , 184.	Now with a not
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TO yrs. 10 mes. 1 ds. OR min. PATION de, profession, or Hebraswife It kind of work 1000 mes. 1 day, h	
or establishment in implayed (or employer) IPLACE te or country) Maryland	Contributory Chronic Myocarditis Secondary (Auralian) Matra Kriana
NAME OF FATHER BIRTHPLACE OF FATHER (State or country) MAIDEN NAME	(Signed) (State the DISEASE CAUSING DRATH, or, in deaths from Violenz Causing at the Causing Drath, or the death of the Suicidal of Homicioal.
airthplace of Mother (State or country) BOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At placs In ths of death
(Address) Frust land Moo	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 10 PLACE OF BURIAL OR REMOVAL 10 PLACE OF BURIAL OR REMOVAL 10 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER 20 UNDERTAKER ADORESS The Hell & Lohnson Co, Salisbury
N F BIC	ATION e, profession, or kind of work stal natore of industry or establishment in pleyed (or employer) PLACE or country) MARYLAND IRTHPLACE OF FATHER (State or country) MAIDEN NAME OF MOTHER (State or country) BIRTHPLACE OF MOTHER (State or country) BOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (State) Address) Address MAIDEN AMA Address MAIDEN AMA Address MAIDEN AMA MAIDEN NAME OF MOTHER (State or country) AND MAYLAND MA



[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," write None. 6 yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-The material worked on may form part At home. Care should be If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculous of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropey," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Mara-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For VIOLENT DEATHS "PUBRPERAL peritonitis," etc. State cause for which birth or miscarriege as "Puenpenal septichaemia," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, cause. etc., when a definite disease can be ascertained as the Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-Never report mere



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WRITE PLAINLY, WITH of information should be DEATH in plain terms,

carefully supplied.

See instructions on back of certificate.

CAUSE OF Important.

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led. AGE should be stated EXACTLY. PHYSICIANS should state be properly classified. Exact statement of OCCUPATION is very

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County MacLetter 19939 William on City Guidletage (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3.54
2 FULL NAME AAND INGLE	a hospital or institution, give its XAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MANUAL WIGOWED, (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH April (Month) (Day (Year)	Och 13, 1915, to 1177, 2, 1915, that I last saw h 2222 allve on 1177, 2, 1915
TAGE If LESS than I day,hrs. OR min.? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) PRINTHPLACE (State or country) Hew Jersely	The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as foll
OF FATHER Joseph Ingersoll 11 BIRTHPLACE OF FATHER OF GOUNTRY) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) J. M. D. Alacketta, M. D. M. D. M. D. M. D. M. D. M. C. M. M. D. M. M. D. M
of Mother Susan Somes 13 BIRTHPLACE OF MOTHER (State of country) Hen Jersely 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Hallann & Sugarable	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Sussettie, 1814 Filed 21/3/, 191 5 10 0 10 10 10 10 10 10 10 10 10 10 10 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Gradelee Weenstag 1, 1915 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklar St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Consus and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, ctc., Carein-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant ueoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as "Puerperal septichae etc., when a defluite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Coumere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report affection ueed not be stated unless important. oma, Sarcoma, etc., of...... (name origiu; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemlu," "Weakness," Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; State cause for "Exhaustiou,"



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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH Very CERTIFICATE OF DEATH SICIANS should occupaTION IS Registration Dist. No. It death occurred in PHYSICIANS (No..... St .: Ward) a hospilal or institution, give its NAME instead of street and number.] 0 statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY. 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO. WIDOWED, (Month) (I)av OROIVORGEO (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 dayhrs. OR min. ? properly AGE OCCUPATION (a) Trade, protession, or particular kind of work supplied. pe (b) General nature of industry, business, or establishment in (Duration) may which employed (or employer) certificate. Contributory..... 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER 50 terms. PARENTS 11 BIRTHPLACE (Address).... should OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME piain OF MOTHER See instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place in the OF MOTHER (State or country ot death yrs. mos. State yrs, ____ ds DEATH Where was disease contracted. 14 THE ABOVE IS if not at place of death? 0 Former or 40 Item usuai residence. mportant. Every It. PLACE OF BURAL OR REMOVAL DATE OF BURIAL (Address) 16 20 UNDERTAKER ADDRESS REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S.No. 1.

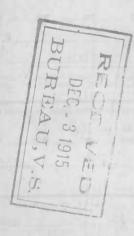


[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclamia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inauition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cauture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and cousequences (e. g., by earbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



N. B.-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

1 RLACE OF DEATH 195	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Poemake Cityo.	Registration Dist. No. 3
2 FULL NAME	Will of the control o
PERSONAL AND STATISTICAL PARTIC	CULARS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MARRIED, WIDOWEO OR DIVORCE Write the work	Month (Day) (Year) 17 / I HEREBY CERTIFY, That + Ettended deceased from
6 DATE OF BIRTH March 2/ (Month) (Day	1827 Sept 10" , 1915, to from 26, 191 5;
7 AGE 94 yrs. 5 mos. 5 ds	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work washeeping the end of work washeeping t	Contributory Contributory (Buration) Will Mighty (Buration) With the secondary (Buration)
10 NAME OF FATHER 11 BIRTHPUACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	(Signed)
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE 15 TRUE TO THE BEST OF MY KNOW	At place of deeth yrs. mss. ds. Stats, yrs. mos. ds. WLEDGE WE LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in this stats, yrs. mos. ds. Where was disasse contracted, if not at place of deeth?
(Address) Pormulee Co	Former or usual residence Place of Burial or Removal Date of Burial PlaceLery 1/28, 1915
Filed	PEGISTRAR OSS State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the nisease causing death. Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be urife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If the occupation has been changed Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tubereulosis of lungs, menin-

under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Struck to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronor miscarriage as "Puenpenal septiehaemia," "Old Age," "Shock," "Uracmia," "Weakness." Always qualify all diseases resulting from childby railway train-accident; Revolver wound of The contributory (secondary or intercur-Never report mere important.



BINDING

FOR

MARGIN RESERVED

1 DI ACE DE DEATH

Mari di 10010	STATE OF MARYLAND
Village or City Pan the Caryon	Registration Dist. No. 350
	St.; Ward) a hospital or institution give its MANE instead of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale Color or RACE 5 SINGLE, MARRIED WILLOWED WILL THE WORD OR DIVORCED (Write the word)	16 OATE OF OEATH (Month) (Day) (Ye 17 / HEREBY CERTIFY, That f attended deceased for
G DATE OF BIRTH Musch (Month) (Day) (Year	2 Mer Suber 2, 1915; 10/1911-10, 191
7 AGE 3 8 yrs. 7 mos. 9 ds. or min.	S. The Callet of Draftle and the date stated above, at 7.9
CCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in	Julium in a fel har
9 airthplace (State or country) Paulie City her	Contributory Secondary (Burelies) yrs. mes.
10 NAME OF JUSCH Mills () 11 BIRTHPLAGE	(Signed) Relitation of the state of the stat
Z OF FATHER (State or country) / Junited City Under 12 MAIOEN NAME of OF MOTHER OTHER OF MOTHER OTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER	*State the DISRASE CAUSING DRATH, OF, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Francisc City To	OR RECENT RESIDENTS) At place In the ef deeth yrs. mee. ds. State, yrs. mes.
(Informant) (Hinger Plublicho	If not at place of deeth? Former or usuat residence
(Address) Periodic lity hu	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL Lallsfell Agoress 20, UNIOERTAKER AGORESS
Filed , 191 C ASSOCIATION REGISTRAR	Chast Ballard The Proceeds

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (relired or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," If the occupation has been changed Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Pyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cough; Chronic valvular heart disease; Chronic interstilial on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," ctc. cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, ctc. "Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronor miscarriage as "Puerperal seplichaemia," The contributory (secondary or intercur-State cause for which Never report mere



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carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very. RECORD PERMANENT 4 UNFADING INK-THIS IS of certificate. DEATH in plain terms, so See instructions on back of WRITE PLAINLY, WITH of information should CAUSE OF

Important.

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1 PLACE OF DEATH

(No ...



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;-----....Ward)

[it death occurred in a hospital or institution,

²FULL NAME	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED WIDOWED ORDIVORCED (Write the word)	16 DATE OF DEATH 20, 1913. (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h selection alive on selection is less than 191 selection in the selection is less than 191 selection in the selection is less than 191 selection in the selection in the selection is less than 191 selection in the selection in the selection is less than 191 selection in the selection in the selection is less than 191 selection in the selection in the selection is less than 191 selection in the s
TAGE It LESS than 1 day,hrs. ORmin.? Concupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows: War Cause of Death Death
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Buration) yrs mos ds (Signed) Daylor M. D.
11 BIRTHPLACE OF FATHER (State or country)/ Occessor Cound 12 MAIDEN NAME OF MOTHER S	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maceslu as fuel 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At piace In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or
(Address) Gudling Md	USUAL POSIBLE OF BURIAL OR REMOVAL DATE OF BURIAL Grad Va Dana & Consultance 1 7 1 191 (2)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syndrym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Cunture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



UNFADING INK-THIS IS

carefully supplied.

Every Item of Information should be carefully su GAUSE OF DEATH in plain terms, so that it mi Important. See instructions on back of certificate.

WRITE PLAINLY, WITH

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OGGUPATION is very

RECORD

A PERMANENT

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100 ż 1 PLACE OF DEATH

Worcester

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

...St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead

(No.....

2 FULL NAME I doley wave	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, WIDOWEO, OR DIVORCEO (Write the word)	18 DATE OF DEATH New 20, 1915 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h Livallye on 1915, and that death occurred on the date stated above, at m,
yrsds. 1 day,hr	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Puro particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Second Hill. ned	Contributory Secondary (Ouration) yrs mos ds
10 NAME OF FATHER Loyd Troibus 11 BIRTHPLACE	(Signed) John L. Stiery, M. D.
OF FATHER (State or country) From Hiel. Mid	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Suow Hill, ned	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Doyd Lary	Where was disease contracted, it not at place of death? Former or usual residence
15 Filed 11/20, 1915 LERoy Smith	19 PLACE OF BURIAL OR REMOVAL Jamily Burying Frond 20 UNDERTAKER ADDRESS ADDRESS
REGISTRAR	along harrie Sent Hill

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonilis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Marasmerc symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds., "Dropsy," "Exitaustion," etc. State cause for Never report



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PHYSICIANS should state OCCUPATION IS YELY RECORD 90 statement PERMANENT EXACTLY. Exact stated properly classified. 4 pe S should UNFADING JUK-THIS AGE supplied. pe may certificate, that 0 WITH Pe on back should PLAINLY. DEATH in plain See Instructions of information DEATH WRITE OF Important. Every It 00 z

1 PLACE OF DEATH loseslas County-

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

5 SINGLE,

MARRIED,

WIDOWED, ORDIVORCED (Write the word)

(Day

1 day

OR.

Village or City

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

(Address).....

(Informant)

OF MOTHER

(b) General nature of Industry. business, or establishment in

which employed (or employer)

OF FATHER (State or country)

3 SEX

TAGE

PARENTS

15



(No,.....



STATE OF MARYLAND

(named	Reg	FICATE O	t. No.3	ath occurred is it or institution, NAME instead and number.]
	MEDICAL C	ERTIFICATE O	F DEATH	
18 DATE OF	DEATH	//	2-4 (Day	, 191.12
17	I HEREBY ((Month)		(Year)
	7191	to		, 191,
The CAUSE	OF DEATH W	Car	********************	
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	***************************************	4		.mosds.
Secondar	11/1	(Durafion)	Q.	.mosds.
			In dontha	ma
18 LENGTH		SING DEATH, OF OF INJURY; and DAL.		

ı	OR RECENT RESIDENTS)				
l	At place	in the			
I	of death yrs mos ds.	State	yrs,	mos	d
	Where was disease contracted,				

If not at place of death?...

Former or usual residence

19	PLA	CE	OF	BU	RIA	L	OR	RE	MO	VAL	L
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	OF BURIAL	
11	12 65 740	

20 UNDERTAKES ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

MY KNOWLEDGE

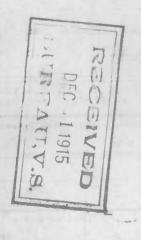


[Approved by U. S. Census and American Public Health Association.]

cated thus: statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Nervant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Mcasles (disease causing death). 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report



1 PLACE OF DEATH STATE OF MARYLAND statement of SICKAN CERTIFICATE OF DEATH Registration Dist. No. PHY If death occurred in Village or City Ward) EXACTLY, Psified, Exact a hespital or institution. give Its NAME Instead of street and number. RECORD ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. PERMANENT WIDOWED 0 OR DIVORCED (Day) CERTIFY, That I attended deceased from proper 6 DATE OF BIRTH pino cei 0 (Month) (Day) (Year) Ď. If LESS than a to 7 AGE and that death occurred on the date stated above, at Ш 1 day, hrs. Ë 상 O The CAUSE OF DEATH * was as follows: min. ? 4 it sa 8 OCCUPATION
(a) Trade, prefession, or that ed ō suppli particular kind of work (b) General nature of ludustry terms, business, or establishment in Instruct (Duretion) fully which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 20 10 NAME OF FATHER U I 11 BIRTHPLACE (Address) .. RENT OF FATHER (State or country) *State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 50 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER PA 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) EW 13 BIRTHPLACE In the At place S OF MOTHER of deathyre.mes. State. (1) (State or country should state CAI Where wee disease contracted. 14 THE ABOVE IS TRUE If not at place of death?..... Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed 00 REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of Cause of Death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., scpsis, utanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conunder the head of "Contributory." suicide. The nature of the injury, as fracture of skull, hcad-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urarmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intereurcough; Chronic valvular heart disease; Chronic interstitiol ges, perilonaeum, cte., Carcinoma, Sarcoma, etc., of to determine definitely. eause. "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-Examples: Accidental drowning; State cause for which (Recommendations Never report mere



RECORD STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SFY 4 COLOR OR RACE MARRIEO, ALM WIDOWED, ORDIVORCEO (Write the word) 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than 1 dayhrs. OR min. ? 8 OCCUPATION AGE (a) Frade, profession, or particular kind of work (b) General nature of industry. supplied. business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions OR RECENT RESIDENTS) 13 BIRTHPLACE = At place OF MOTHER (State or country DEATH yrs. mos. Where was disease contracted. If not at place of death? Jo PO Item usual residence Important. CAUSE PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist.

St :....Ward)

[If death occurred in a hospital or instilution. give its NAME instead of street and number. 1

MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above. The CAUSE OF DEATH * was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State yrs, ____ mos. ds. DATE OF BURIAL ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the bousehold only (not paid Housekeepers who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

cause of death approved by Committee on Nomenclasepsis, telanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. sucb, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (disease causing death), 29 ds.; (name origin; "Can-The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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RECORD

1 PLACE OF DEATH STATE OF MARYLAND County Worcesto CERTIFICATE OF DEATH Registration Dist. No It death occurred in St: Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH 15-MARRIED Le down (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH 16 (Month (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at t dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 1 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death State yrs, ____ ds _____ yrs. ____ mos. ____ ds. Where was disease contracted. 14 THE ABOVE JS TRUE TO If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gaiufully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobite factory. cases, especially in industrial employments, it is ucc-For many occupations a single word or term on the who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbecu changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichaecause. Aiways qualify aii diseases resuiting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaenia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report ample: affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Caneause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-

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BURRAU, V.S.

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(b) General nature of business, or establish

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14 THE ABOVE 18 T (informant)

PARENTS

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BINDING

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vacate (Witte the Word)	17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) , 1846	that I last saw him alive on Mov 23 1915,
6 9 yrs. mos. 2 3 ds. or min.?	and that death occurred on the date stated above, at 4.30m. The CAUSE OF DEATH * was as follows:
CUPATION Trade, profession, or laborer Ilcular kind of work General nature of industry Iness, or establishment in	Juliubuory Luberaulocio Arterio Salerosio (Ourstion Lobrelyrs
RTHPLACE (State or country) Worcistin 60 md	Contributory Myocorditis Secondary (Oursilon) yrs. mos. ds.
10 NAME OF Cyrus Only	(Signed) EEWishart M. O.
11 BIRTHPLACE OF FATHER (State, or country) workister 60 and 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Working Com M	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrsmosds. State,yrsmosds, Where was disease contracted,
informant) Charlotte Stevenson	If not at place of death?
(Address) Anowthice and	Bablis Countery nov 24, 1915
11/25, 191 & LEKoy Secult	20 UNDERTAKER ADDRESS Sour Hilliams Sour Hime
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

DEATH

24 (Day)

if death occurred in

1915

a hospital or institution, give its NAME instead of street and number.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF County Registration Dist. No. Village orWard) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, MARRIED, 4 COLOR OR RACE 16 DATE OF DEATH now Married WIDOWED OR DIVORCED (Month) Colo 6 DATE OF BIRTH 7 AGE OCCUPATION
(a) Trade, profession,

V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Fealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If the occupation has been changed At home. Care should be Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee SCICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heamorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsious," "Debility" symptoms or terminal conditions, such as "Asthenia," eough; Chronic vulvular heart disease; Chronic interstitial ges, perilonaeum, etc.. Corcinoma, Sarcoma, etc., of head-homicide; Poisoned by carbolic acid-probably state MEANS OF LYURY and qualify as ACCIDENTAL "PUERPERAL peritonitis," etc. chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull The contributory (secondary or intereur-State cause for which Never report mere "Atrophy," ("Con-

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DECLA 1915
BUREAU, V.S.

No. 1.

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N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

Village or City Surv Hul (No. 2FULL NAME Frank Gra	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 35/ St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give lits NAME instead of Street and number.] Legistration Dist. No. 35/ [If death occurred in a hospital or institution, give lits NAME instead of Street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO, OR OLOWORCED (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Over BIRTH Over Burn, (Month) (Day (Year)	1915, to 200 26, 1915, that I last saw h finally on 26, 1915
TAGE TOTAL PRIORIES TO THE STATE OF THE STA	and that death occurred on the date stated above, at 99 mm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Secondary
10 NAME OF FATHER DOUT DUNG 11 BIRTHPLACE OF FATHER (State or country) Dout Dung 12 Major Monther of the Country of the Coun	(Signed) yrs mos ds. (Signed) , M. D. Del 4, 191 J. (Address) Survive Collection of the Disease Causing Death, of the deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Dort Record 13 BIRTHPLACE OF MOTHER (State or country) Dort Record 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A ARCINSON	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Surver Ail, Md 16 Filed 12/4, 1915 Recog Switch REGISTRAR If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL Vatters field 20 UNDERTAKER ADDRESS M. Oakinson Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous cugaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never returu "Laborer," As examples: But in many "Foreman," (b)

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"): Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

ample: Meastes (disease eausing death), 29 ds.; uffection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Can injury, as fraetnre of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiellaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) eause of dcath approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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	RECORD	EXACTI sified E	
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated is should state CAUSE OF DEATH in plain terms, so that it may be properly class OCCUPATION is very important. See instructions on back of certificate.	
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Coun	PLACE OF DEATH 19950	STATE OF MARYLAND CERTIFICATE OF DEATH
	neary	Registration Dist. No. 350
/illag	e or City (No. (No. (No.))	St.: Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
DAT	E OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased fro
AGI	Jept 19/5 (Wonth) (Day) (Year)	that I last saw halive on
AGI	If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
(a)	17auo, profession, or	
bus Whin	CUPATION Trado, profession, or Icular kind of work General nature of lodustry ness, or establishment in the employed (or employer) STHPLACE (State or country)	(Duratton) yrs. mes. Contributory Secondary
RENTS into a sing (a)	General nature of iodustry ness, or establishment in the emplayed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Contributory
PARENTS in a sing sing sing (a)	General nature of iodustry ness, or establishment in the emplayed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary (Signed) (Signed) (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place in the of death yre. mes. ds. State, yrs. mes.
SHUMARY SHUMAR	General nature of iodustry ness, or establishment in the employed (or employer) 3THPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 DEMOTHER 15 BIRTHPLACE OF MOTHER	Contributory Secondary (Signed) (Signed) (State the DISEASE CAUSING DEATH, or, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJUET; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL. (BURTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTE) At place in the of death yrs. mes. ds. State, yrs. mes.
SHUMARY SHUMAR	General nature of iodustry mess, or establishment in the employed (or employer) 3THPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Signed) (Signed) (State the DIBEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTE) At place in the of death yre. mes. ds. State, yrs. mes. Where wes disease contracted, if not at place of death? Former or

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write Nonc. state occupation at beginning of illness. or given up on account of the disease causing neath, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as *House-wife*, *Housework*, or *At Home*, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. business or industry, and therefore an additional line For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil Stationary fireman, etc. But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., scpsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, cough; Chronic valvular heart disease; Chronic interstitial Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning. "PUERPERAL peritonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Senile," etc.), The contributory (secondary or intercuras "Puerperal septichaemia," "Dropsy," State cause for which Never report mere "Exhaustion,"



BINDING

RESERVED

MARGIN

County Morcialin	CERTIFICATE OF DEATH
Village or City Anow fill Mid 2 FULL NAME Lowbitten Tay	Registration Dist. No. St.; Ward) [If death occur a hospital or inst give its MAME i of street and Rui
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famely Color or RACE 5 SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH 1 (Day) 1 (Vertical of the word) 1 (Day) 1 (Day)	16 DATE OF DEATH (Month) (Day) 17 I HEREBY CERTIFY, That I attended deceased for 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Wornerslag Wornerslag	Contributory Bright diseases Secondary Don't / Ins
11 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) workerster les mid 13 BIRTHPLACE OF MOTHER (State or country) workerster les mid	(Signed) State the DISEASE CAUSINO DEATH, or, in deaths from Viol. CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At piece In ths of deeth yrs. mos. ds. Stats, yrs. mos.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Gray Vaylor (Address) Annulytics meli 15 Filed 11/24 1915— LELos Swith	Where was disease contracted, If not at place of death? Former or usuel residence. 19 PLACE OF BURIAL OR REMOVAL Couldn't Country 20 UNDERTAKER ADDRESS

STATE OF MARYLAND

19951

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Luborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton mobile factory. The material worked on may form part is provided for the latter statement; it should be used engineer, Stationary fireman, etc. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulness of various pursuits can be known. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Locomotive engineer, But in many cases, The question

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL schichaemia," "PUERPERAL peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinomo, Sarcoma, etc., of The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," "Exhaustion, Never report mere (Recommendations mound



PHYSICIANS should state of OCCUPATION is very properly classified. Exact statement EXACTLY. pe pinous AGE carcfully supplied. pe may certificate. that it 20 90 Pe See instructions on back piain terms, pinous of information 2 DEATH

7 AGE

PARENTS

15

POCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

(b) General nature of Industry, business, or establishment in

which employed (or employer)

RECORD

PERMANENT

4

2

UNFADING INK-THIS

PLAINLY, WITH

WRITE

CAUSE OF important.

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PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE

PLACE OF DEATH

(Month)

19952

(No...



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.3524

agli s	St.;Ward)	[if death occurred in a hospital or institution, give its NAME instead of street and number.]	
MEDICAL	CERTIFICATE OF	DEATH	
16 DATE OF DEATH		12	, 1915
	(Month)	(Day	(Year)
17 I HEREBY	CERTIFY, That I	attended de	ceased from
	l, to	v a a v = a no a - a o o o o o o o o o o o o o o o o	, 191,
that I last ssw hally			, 191
and that desth occurred or	the date stated	above, at 1.	30 a m
The CAUSE OF DEATH*			
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Privat Codi	1. J	Jan Die	dete
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	(Duration)	vre	mos de
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Secondary		0.0001/200000000000000000000000000000000	
	(Duration)	wre	moe de
111 00	14 L		
(Signed)	1 Gay	u	, M. D.
11117 , 1915 (A	ddress) Stoc	Hlow	- had
			77
*State the DISEASE CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC	s of Injury; an	d (2) wheth	er Acciden-
16 LENGTH OF RESIDENC OR RECENT RESIDENTS)	E (FOR HOSPITALS,	INSTITUTIONS	TRANSIENTE
At place	In the		
of death yrs mos	ds. State	yrs	mos ds
Where was disease contracted,			
If not at place of death?	*******************************		****************
Former or usual residence			
19 PLACE OF BURIAL OR	REMOVAL	DATE OF E	UDIAL
		11/15	
	Cemelary		, 191.
20 UNDERTAKER	1	ADDRESS	

ORDIVORCED

(Day

(Year)

If LESS than

1 dayhrs.

OR ?

5 SINGLE,

MARRIED, WIDOWED.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. or.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits eau be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... "Contributory." by earbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," may be stated under the head of (Recommendations on statement of etc.), "Dropsy," "Exhaustion," (name origin; "Can-State cause for ds.



PHYSICIANS statement CERTIFICATE OF DEATH Registration Dist. No. Fit death occurred inWard) 30 a hospital or institution. give its NAME instead Exa > ot street and number. 7 RECORD EXACT PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED WIOOWED OR OLVORCED (Write the word) 16 DATE OF DEATH 3 BEX stated PERMANENT 1910 BINDING (Month) (Day) certificate That hattended deceased from 6 DATE OF BIRTH pro 1835 pino (Year) 90 (Month) (Day) If LESS than 7 AGE 10 may S Lil 1 day, hrs. OK U OR mla. ? THIS 4 80 0 OCCUPATION
(a) Trade, profession, or tha ed supplic OUS particular kind of work 80 (b) General nature of Industry business, or establishment in UNFADING which employed (or employer) entributo Becondary 9 BIRTHPLACE (State or country) 00 ais 10 NAME OF pe FATHER c (Signed) pino T O BIRTHPLACE RENT OF FATHER *State the Disease Causing Dwath, or, in deaths from Violenz uses, state (1) Means of Injury; and (2) whether Accidental 4 12 MAIDEN NAME 0 OF MOTHER 4 EOF LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, VOFY OR RECENT RESIDENTS 13 BIRTHPLACE At piece to the of Inform OF MOTHER (State or country) of douth yre.ds. State,yre. 69 Should state CAL Where wee disease contracted, 14 THE ABOVE If not at place of death? Former er usual residence DATE OF BURIAL 16 ADORESS M EGISTRAR

more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

of

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STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, ctc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. know (a) the kind of work and also (b) the nature of the engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, Stationary fireman, etc. But in many eases, As examples: (a) Spinner, (b) Cotton Never return "Laborer," If retired from (b) Auto-

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"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent neates "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; or miscarriage as "Puerperal septichaemia," by railway train-accident; Revolver wound of The contributory (secondary or intercur-Poisoned by carbolic acid—probably ACCIDENTAL, important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU, V.S.

BURDAU.Y.S.

MAR 1 11916